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# **REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

183-114

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed

in patent number 6,114,353, granted September 5, 2000, and for which a reissue patent is sought on the invention entitled COMPOSITIONS AND METHOD FOR TREATMENT OF LYMPHOMAS, LEUKEMIAS, AND LEIOMYOMAS

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_ / \_\_\_\_\_ and was amended on \_\_\_\_\_ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- ☐ by reason of a defective specification or drawing.
- ☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

The disclosure refers to the use of the invention in treating benign tumors; however the claims are limited to the treatment of certain malignant tumors.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

183-114

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)

Registration Number

John H. Crozier

30,371

Correspondence Address: Direct all communications about the application to:

☒ Customer Number

21091

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Solomon B. Margolin

Inventor's signature

Solomon B. Margolin

Residence

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Date

Oct 28, 2000

Post Office Address

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Citizenship

US

Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Post Office Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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<b>REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT</b>		<b>Docket Number (Optional)</b> 183-114
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s) Solomon B. Margolin		
Patent Number 6,114,353	Date Patent Issued	
Title of Invention COMPOSITIONS AND METHOD FOR TREATMENT OF LYMPOMAS, LEUKEMIAS, AND LEIOMYOMAS		
<p>I am the inventor of the original patent.</p> <p>I offer to surrender the original patent.</p> <p>1. <input type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked.</p> <p>The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.</p>		
Signature <i>Solomon B. Margolin</i>	Date Oct 28, 2000	
Typed or printed name Solomon B. Margolin		
The assignee owning an undivided interest in said original patent is _____, and the assignee consents to the accompanying application for reissue.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee		
Signature of person signing for assignee	Date	
Typed or printed name and title of person signing for assignee		